

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/017262</div>		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						